

# Swim Lesson Registration Form

PLEASE PRINT

1. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session #: \_\_\_\_\_ Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Level: \_\_\_\_\_  
Second Choice: Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ (if your first choice doesn't run)

2. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session #: \_\_\_\_\_ Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Level: \_\_\_\_\_  
Second Choice: Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ (if your first choice doesn't run)

3. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session #: \_\_\_\_\_ Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Level: \_\_\_\_\_  
Second Choice: Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ (if your first choice doesn't run)

Parent Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_

Address: \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

(initial) \_\_\_\_\_ I have read the Swim Lesson Policies for Make-ups, Missed Classes & Refunds.

## RELEASE AGREEMENT

1. Student's Name: \_\_\_\_\_

2. Student's Name: \_\_\_\_\_

3. Student's Name: \_\_\_\_\_

I authorize Quince Orchard Swim & Tennis Club to administer first aid and/or authorize medical treatment if this becomes necessary. The above named student(s) have had a medical examination within the last twelve months and are capable of participating in aquatic programs. I consent to Quince Orchard Swim & Tennis Club's use of photographs or videotapes made of swimming lessons for advertising their aquatic program.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical conditions/learning differences of which we should be made aware: \_\_\_\_\_

For office use only

Class Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_